

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/579399

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 1 st AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2				1		
3				1		
4				1		
5				1		
6				1		
7				1		
8				1		
9				2		
10				2		
11				2		
12				2		
13				2		
14				2		
15				2		
16				1		
17				1		
18				1		
19				1		
20				1		
21			1			
22			1			
23				1		
24				1		
25				1		
26				1		
27				3		
28				3		
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50						
TOTAL IND.		↓	3	↓		↓
TOTAL DEP.	←		36	←		←
TOTAL CLAIMS			39			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 1 st AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						